



Tina Hendrix, P.A. - AUDIOLOGIST, MA, CCC-A

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Date: 03/10/2023

**Dear Parent/Patient:**

**Ambria Biddle** failed a hearing screening today. Please

**take him/her to the doctor and have the doctor fill out the attached form and return to the facility listed below as soon as possible.**

Hope


P.O. Box 1540

Hope AR 71801

Phone: (870) 777-4501

Fax:

Thank you,

  
Tina Hendrix, M.A., CCC-A